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N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH			State File No. <u>71</u>		Registered No. <u>81</u>	
County <u>Globe</u>			State <u>Arizona</u>		Registered No. <u>81</u>	
District or Township <u>Globe</u>			City or Village <u>County Hospital</u>		Ward	
City <u>Globe</u>			No. <u>County Hospital</u>		(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Robert Thetus Ball</u>			Residence No. <u>Benson, Arizona</u>		Ward <u>Benson, Ariz.</u>	
(a) Residence No. <u>Benson, Arizona</u>			(Usual place of abode)		(If non-resident, give city or town and State)	
Length of residence in city or town where death occurred <u>1 1/2</u> yrs. <u>0</u> mos. <u>0</u> ds.			How long in U. S. if of foreign birth? <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u>	16. DATE OF DEATH <u>June 3</u> 19 <u>28</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			17. I HEREBY CERTIFY, That I attended deceased from <u>June 3</u> 19 <u>28</u> to <u>June 3</u> 19 <u>28</u>			
6. DATE OF BIRTH (month, day and year) <u>3/30/1908</u>			that I last saw him alive on <u>June 3</u> 19 <u>28</u>			
7. AGE <u>20</u>	Years	Months	Days	and that death occurred, on the date stated above, at <u>8 30</u> in.		
8. OCCUPATION OF DECEASED			The CAUSE OF DEATH* was as follows:			
(a) Trade, profession, or particular kind of work <u>Student &amp; Auto Mechanic</u>			<u>Shock due to injury caused by being struck with falling timber causing fract of femur + lat + 2 ribs + lobe</u>			
(b) General nature of industry, business or establishment in which employed (or employer)			(duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(c) Name of employer			CONTRIBUTORY (Secondary)			
9. BIRTHPLACE (city or town) <u>Wapanucka</u>			(duration) <u>0</u> yrs. <u>0</u> mos. <u>0</u> ds.			
(State or country) <u>Oklahoma</u>			18. Where was disease contracted			
10. NAME OF FATHER <u>Robert J. Ball</u>			If not at place of death?			
11. BIRTHPLACE OF FATHER <u>Wapanucka</u>			Did an operation precede death? <u>no</u> Date of <u>no</u>			
(State or country) <u>Oklahoma</u>			Was there an autopsy? <u>no</u>			
12. MAIDEN NAME OF MOTHER <u>Lillian Read</u>			What test confirmed diagnosis?			
13. BIRTHPLACE OF MOTHER <u>Wapanucka</u>			(Signed) <u>Elmer</u> M. D.			
(State or country) <u>Oklahoma</u>			<u>June 4</u> 19 <u>28</u> (Address) <u>Globe</u>			
14. Informant <u>Mrs. L. R. Richhart</u>			* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
(Address) <u>Benson, Arizona</u>			19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Benson, Ariz.</u>			
15. Filed <u>7/7</u> <u>W. E. Wyllie</u> Registrar.			DATE OF BURIAL <u>June 5th 1928</u>			
			20. UNDERTAKER <u>Jones Funeral Home</u>			
			ADDRESS <u>Globe, Arizona</u>			